Ministry of Health

Annual Report 1982

Honourable James A. Nielsen
Minister of Health

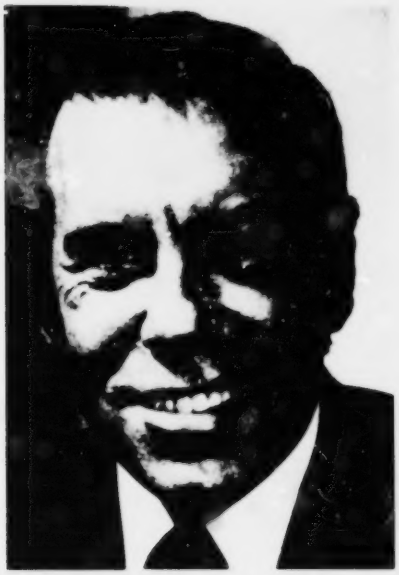
British Columbia Cataloguing in Publication Data

British Columbia. Ministry of Health
Annual report. — 1977–

Spine title: Ministry of Health annual report.
Continues: British Columbia. Dept. of Health. Annual report. ISSN 0701-5372
ISSN 0706-4810 = Annual report — Ministry of Health (Victoria)

1. British Columbia. Ministry of Health — Periodicals.
2. Public health — British Columbia — Periodicals.
3. Medicine, State — British Columbia — Periodicals.

RA185.B7D46a 354.7110677



Office of the Minister of Health,
Parliament Buildings, Victoria, B.C.
July 15, 1983

The Honourable Robert Gordon Rogers,
Lieutenant-Governor of the Province of Brititish Columbia

MAY IT PLEASE YOUR HONOUR:

The Annual Report of the Ministry of Health for 1982 is herewith respectfully submitted.

JAMES A. NIELSEN
Minister of Health

Ministry of Health,
Victoria, B.C.
July 15, 1983

The Honourable James A. Nielsen,
Minister of Health,
Victoria, B.C.

Sir:

I have the honor to submit the Annual Report of the Ministry of Health for 1982.

PETER BAZOWSKI
Deputy Minister of Health

Ministry Organization

MINISTER
DEPUTY MINISTER
Medical Services Commission
Emergency Health Services Commission
Alcohol and Drug Commission
Forensic Psychiatric Services Commission
Director Executive Services
Director Information Services
Policy and Resource Allocation Committee
Medical Advisory Committee
Exec. Director Internal Audit
Senior Assistant Deputy Minister Management Operations
Assistant D M Preventive Services
Assistant D M Community Care Services
Assistant D M Institutional Services
Provincial Health Officer
Director Nutrition
Director Public Health Nursing
Director Epidemiology
Director Speech and Hearing
Director Vital Stats
Exec. Director Mental Health Services
Exec. Director Alcohol and Drug Programs
Exec. Director Forensic Psychiatric Services
Exec. Director Long Term Home Care
Exec. Director Hospital Programs
Exec. Director Emergency Health Services
Exec. Director Health Promotion
Assistant D M Vancouver Bureau
Director Public Health Inspection
Director Dental Health Services
Sr. Director Clinical Services
Exec. Director Planning Policy and Legislation
Director Management Services
Exec. Director Central Services
Exec. Director Medical Services Plan
Director Legal Services
Exec. Director Financial Services
Exec. Director Personnel Services
Exec. Director Management Info Systems

Contents

Deputy Minister's Office	1
Internal Audit	2
Medical Advisory Committee	3
Policy and Resource Allocation Committee	3
Information Services	4
Executive Services	5
Management Operations	7
Support Services	8
Financial Services	9
Legal Services	9
Management Services	10
Systems Division	10
Medical Services Plan	10
Personnel Services	12
Policy, Planning and Legislation	12
Preventive Services	19
Health Promotion	20
Provincial Health Officer	21
Vancouver Bureau	21
Public Health Inspection	24
Dental Health Services	25
Community Nutrition	26
Public Health Nursing	26
Epidemiology	27
Speech and Hearing	28
Community Care Services	37
Mental Health Services	38
Alcohol and Drug Programs	39
Forensic Psychiatric Services	40
Vital Statistics	41
Demographic Features	45
Institutional Services	49
Emergency Health Services	50
Home Care/Long-Term Care	52
Hospital Programs	55
Commissions	73
Medical Services Commission	74
Alcohol and Drug Commission	74
Forensic Psychiatric Services Commission	75
Emergency Health Services Commission	75
Ministry of Health Expenditures	77

ACTS ADMINISTERED

Alcohol and Drug Commission Act
Marriage Act
Ambulance Act
Medical Practitioners Act
Anatomy Act
Medical Service Act
Barbers Act
Medical Service Plan Act
Chiropractors Act
Mental Health Act
Community Care Facility Act
Ministry of Health Act
Dental Technicians Act
Name Act
Dentists Act
Naturopaths Act
Forensic Psychiatry Act
Nurses (Practical) Act
Hairdressers Act
Nurses (Psychiatric) Act
Health Act
Nurses (Registered) Act
Health Emergency Act
Optometrists Act
Health Science Centre(UBC) Act
Pharmacists Act
Hearing Aid Act
Physiotherapists Act
Heroin Treatment Act
Podiatrists Act
Hospital Act
Psychologists Act
Hospital (Auxiliary) Act
Public Toilet Act
Hospital District Act
Tuberculosis Institution Act
Hospital Insurance Act
Venereal Disease Act
Human Tissue Gift Act
Vital Statistics Act
Wills Act, Part II

Deputy Minister's Office

DEPUTY MINISTER'S OFFICE

The deputy minister reports directly to the Minister of Health and is responsible for over-all policy and program development of the Ministry.

The deputy minister acts as senior adviser to the Minister with regard to program policy, program plans, and legislation; develops and supervises the provincial health care system, ensuring funds, staff and other resources are available; initiates and assesses policy and program options; selects, plans and implements programs; manages programs; evaluates policy and program effectiveness; and has over-all responsibility for internal management of the Ministry; ensuring efficient use of resources, effective financial management and control, and effective deployment and development of manpower.

Internal Audit

Internal Audit acts as an independent appraiser to examine and evaluate Ministry activities as a service to management.

The primary objective of the internal auditing group is to assist managers in the effective discharge of their responsibilities and furnish them with analyses, recommendations and information on the activities reviewed.

Internal Audit reports directly to the deputy minister.

Medical Advisory Committee

The Medical Advisory Committee was established in April, 1981, under the senior medical adviser for the Ministry of Health. The committee includes other senior medical and health professional staff from various divisions of the Ministry.

The Medical Advisory Committee is the main vehicle of communication with the B.C. Medical Association on all professional matters and interacts with the BCMA Medical Advisory Committee. It assesses proposals for new medical technology, reviews and assesses Ministry budget proposals for medical priority, and prepares reports on health care measures.

The committee initiates on-site reviews and analyses of communities with particular health service issues that may arise from time to time. The committee may also review and make recommendations on any issue with medical implications.

The Medical Advisory Committee reports directly to the deputy minister.

Policy and Resource Allocation Committee

A policy and resource allocation committee to consider questions

having major policy implications was formed in July, 1981 as part of the initial phase of the reorganization of the Ministry.

The committee is headed by the deputy minister and supported by the Ministry's assistant deputy ministers and the senior medical adviser.

Its role is to investigate, review and evaluate programs and policies, taking into account needs and resource requirements.

Information Services

The Information Services Division is responsible for developing and implementing the Ministry's public information programs.

The division prepares news releases, and speeches, and produces publications and audio-visual materials to promote a healthy lifestyle and to explain Ministry programs and services.

The division is also responsible for co-ordinating and maintaining a briefing system to provide timely information to senior Ministry officials.

Information Services also operates the Ministry's library and co-ordinates the Suggestion Award Program within the Ministry.

Executive Services

Executive Services has two roles: one is to administer the Ministry's Special Care Services' Grants Program; the other is to provide support services to the deputy minister, senior assistant deputy minister, management operations, and senior medical adviser.

The Special Care Services Grants Program encompasses several areas of responsibility:

Rural Health provides planning and delivery of primary health care services to rural and isolated communities through travelling physicians, provision of nurses, community health clinics and Health and Human Resources Centres in various areas of the province.

Services to Children oversees the operation of 17 child development centres designed and staffed to deal specifically with the treatment of disabled children in their own communities.

Urban Health Centres provide integrated health services for special needs patients.

General Grants Program funds a wide range of community agencies to deliver a range of services in the areas of treatment, prevention, rehabilitation and education to enhance established statutory health programs.

Management Operations

MANAGEMENT OPERATIONS

Management Operations is responsible for providing support services to the programs of the Ministry, and for corporate management of Ministry affairs.

It is administered by the senior assistant deputy minister who assumes all responsibilities of deputy minister in his absence.

Support Services

Within Management Operations, the Support Services unit is responsible for:

- the purchase and distribution of medical and pharmaceutical supplies, food and other materials required by government institutions, community and preventive care. Purchase costs are completely offset by recoveries from the programs receiving the materials and supplies. Products worth approximately $10 million are bought and distributed each year. Support services also operates regional laundry services in the Victoria and Vancouver areas. These laundries provide services to government institutions and to some public hospitals, long-term care institutions, and correctional facilities.

- vehicle inspection and mechanical services for all Ministry of Health vehicles and those of six other Ministries. More than 2,000 vehicles are administered by this service.

- other services provided include transportation and patient escort, audio-visual services, industrial manufacturing and equipment repair services for the Ministry of Health and other Ministries.

Financial Services

Financial Services is responsible for developing, implementing and operating the financial management and control systems of the Ministry. This is accomplished through the operation of four sections within the branch known as: (1) financial analysis, planning and budgets; (2) financial policy and procedures; (3) accounting operations; and (4) special projects.

Legal Services

Legal Services provides professional legal advice to the Ministry in all areas of law, particularly health and hospital law and related medical-legal concerns.

The lawyers in the branch are employees of the Ministry of the Attorney General.

Management Services

This branch provides centralized support services for headquarters and certain field operations. Services include management engineering consulting, communications, printing and supply services, security, space planning, records management and pool transport.

Systems Division

The purpose of the Systems Division is to promote the effective and efficient use of information technologies within the Ministry. The division provides consulting services to program areas in the planning and implementation of systems using these technologies, within the confines of centrally developed policies regarding technology, system integration and cost/benefit justification.

Medical Services Plan

The Medical Services Plan of British Columbia is empowered by the Medical Services Commission--responsible to the Minister, under the Medical Service Act and Regulations--to administer and operate a voluntary medical care insurance plan for the residents of the province.

The Medical Services Plan provides for all medically required services of physicians and surgeons and specified dental surgery when necessarily performed in hospital by a dental surgeon. The federal

government makes a cost contribution to this basic coverage. The provincial government has, at its own expense, added various extra benefits, in the field of health services including chiropractic, podiatry, optometry, physiotherapy and massage, naturopathic medicine and osteopathy.

The Medical Services Plan:

a) registers all subscribers, approximately 97 per cent of the total population of the province;

b) collects premiums, either directly or through employers;

c) provides a program of premium assistance for specified low income earners, and;

d) provides reimbursement to qualified practitioners for insured (medically required) services to eligible subscribers.

The Medical Services Plan is funded approximately 34 per cent by provincial consolidated revenue, 38 per cent by premiums and approximately 28 per cent by the federal government.

Personnel Services

This unit is responsible for the co-ordination of the Ministry-wide personnel organization as well as all fee-for-service negotiations with professions covered by the Medical Services Plan.

Policy, Planning and Legislation

Policy, Planning and Legislation is responsible for policy development, planning, health manpower planning, legislation and for research, statistical analysis and evaluation services.

The executive director is chairman of the Health Manpower Working Group, consisting of representatives from the Ministries of Health, Education, Labour and Universities, Science and Communications. The group gathers and evaluates relevant data on health manpower, and facilitates appropriate manpower studies so that the Ministry of Health can advise the other Ministries of its present and future needs.

1982 Program Highlights

Management Operations

During 1982, the Medical Services Plan continued its efforts to provide a high-quality service to British Columbians, with emphasis on

prompt payment of practitioners and improved relations with the public and health professionals.

Increased costs to the Medical Services Plan were a result of increased fees paid to practitioners, increased use of benefits, changes in the practitioner/population ratio, and increased population.

The consolidation and enhancement of the Ministry's information systems capability was achieved through the establishment of the Systems Division. The Systems Division has undertaken several initiatives to provide productivity improvements through the use of available information processing technologies. Significant achievements include the development of a new Claims Processing System for the Medical Services Plan by the B.C. Systems Corporation and the development of an office automation plan for the headquarters facility of the Ministry. Planning for the improved utilization of information processing technologies by other Ministry of Health locations has commenced.

Personnel Services has been regionalized with new personnel offices established and functioning in the Okanagan/Kootenay area, Vancouver, Burnaby, Coquitlam, Prince George, Kamloops and Nanaimo. The Emergency Health Services Commission's personnel operation became part of the headquarters group as part of the over-all reorganization. Major emphasis was given administration, labor management, staff development and safety, and organization and classification, with directors now heading each section, reporting to the executive director, personnel services.

The year saw the first major strike action by the B.C. Government Employees Union. Personnel Services was involved in both the lengthy negotiating process and deployment of the excluded staff during work stoppages.

In 1982 Policy, Planning and Legislation was involved in the Ministry's efforts toward closer integration between policy and health legislation, and conducted various research projects and reviewed the future role of research and evaluation.

Medical Services Commission

Summary of expenditures

1970/71 to 1981/82

	Medical fee-for-service	Salaried and sessional	Additional benefits	Administration	Total
	$	$	$	$	$
1970/71	122,818,267	4,375,798	6,611,815	6,030,059	139,835,939
1971/72	127,000,505	4,788,365	5,534,520	6,567,847	143,891,237
1972/73	139,532,341	6,022,920	7,897,244	7,320,137	160,772,642
1973/74	159,614,356	7,991,062	8,963,080	8,581,794	185,150,292
1974/75	190,452,494	10,424,602	11,089,892	12,501,015	224,468,003
1975/76	250,026,093	15,437,520	15,045,516	12,659,521	293,168,650
1976/77	268,496,749	14,880,410	17,090,707	13,040,063	313,507,929
1977/78	298,900,495	17,749,957	17,436,161	13,207,188	347,293,801
1978/79	337,513,465	19,484,932	21,132,210	16,856,376	394,986,983
1979/80	384,735,825	23,200,389	23,534,808	19,883,088	451,354,110
1980/81	445,734,331	28,368,006	28,567,705	21,435,615	524,105,657
1981/82	562,663,997	35,113,464	34,868,280	23,661,014	656,306,755

Whereas following statistical tables are prepared on a cash basis, the above summary is compiled on an accrual basis.

Dental Care Plan costs in 1980/81 - Claims payments $10,843,578; Administration costs $2,927,527.

Dental Care Plan costs in 1981/82 - Claims payments $82,732,880; Administration costs $3,207,771.

Additional benefits fee-for-service

Distribution of fee-for-service payments for insured service, additional benefits

Type of service	Amount paid(1)(2) 1980/81	Amount paid(1)(2) 1981/82	Percentage of total 1980/81	Percentage of total 1981/82	Cost per(3) person 1980/81	Cost per(3) person 1981/82
	$	$	%	%		
Special nursing	-	-	-	-	-	-
Victorian Order of Nursing	-	-	-	-	-	-
Red Cross	-	-	-	-	-	-
Chiropractic	11,905,995	15,040,918	43.18	44.40	4.4837	5.5483
Naturopathic	421,703	461,724	1.53	1.36	.1588	.1703
Physiotherapy (office)	5,928,442	7,130,892	21.50	21.05	2.2326	2.6304
Physiotherapy (hospital)	-	-	-	-	-	-
Orthoptic	3,310	3,679	.01	.01	.0012	.0014
Podiatry	2,770,107	3,342,722	10.05	9.87	1.0432	1.2331
Optometric	6,412,064	7,723,726	23.26	22.80	2.4147	2.8491
Orthodontic	125,995	145,716	.46	.43	.0475	.0538
Unclassified	2,710	28,446	.01	.08	.0010	.0105
Totals	27,570,326	33,877,823	100.00	100.00	10.3827	12.4969

(1)Includes only those payments which have been made during the respective fiscal periods.

(2)These amounts are fee-for-service payments made under the plan only, and in no way reflect the total for the services of these practitioners.

(3)Based on insured population as at October 1, as derived from Statistics Canada data 1980 = 2,655,400; 1980 = 2,710,900. New population statistics received February, 1981.

Medical Services Commission

Fee-for-service payments
Medical practitioners and dental surgery in hospital
Distribution of fee-for-service payments
for medical services (shareable)

SPECIALTY	Amount paid(1)		Percentage of total		Cost per person(2)	
	1980/81 $	1981/82 $	1980/81 %	1981/82 %	1980/81 $	1981/82 $
General practice	181,570,921	224,109,366	41.44	41.37	68.3780	82.6697
Dermatology	5,085,560	6,278,209	1.16	1.16	1.9152	2.3159
Neurology	3,679,085	4,585,755	.84	.85	1.3855	1.6916
Psychiatry	12,290,280	15,876,290	2.80	2.93	4.6284	5.8565
Neuropsychiatry	338,217	407,098	.08	.08	.1274	.1502
Obstetrics and Gynecology	14,915,234	18,585,239	3.40	3.43	5.6169	6.8557
Ophthalmology	16,036,623	20,282,192	3.66	3.74	6.0393	7.4817
Otolaryngology	7,072,221	8,942,348	1.61	1.65	2.6633	3.2987
Eye, ear, nose, throat	172,923	211,662	.04	.04	.0651	.0781
General surgery	23,645,362	28,685,535	5.40	5.30	8.9046	10.5816
Neurosurgery	2,372,111	2,923,469	.54	.54	.8933	1.0784
Orthopedic surgery	11,766,863	14,089,870	2.69	2.60	4.4313	5.1975
Plastic surgery	3,160,303	3,880,782	.72	.72	1.1902	1.4315
Thoracic surgery	2,760,411	3,286,907	.63	.61	1.0395	1.2125
Urology	6,623,708	8,207,232	1.51	1.52	2.4944	3.0275
Pediatrics	8,571,490	10,570,545	1.96	1.95	3.2280	3.8993
Internal Medicine	29,836,114	37,507,547	6.81	6.92	11.2360	13.8358
Radiology	33,017,927	40,482,522	7.53	7.47	12.4343	14.9332
Pathology	47,444,889	58,341,090	10.83	10.77	17.8673	21.5209
Anesthesiology	16,824,633	20,531,731	3.84	3.79	6.3360	7.5738
Physical medicine	598,511	742,240	.14	.14	.2254	.2738
Public health	67,280	61,307	.02	.01	.0253	.0226
Microbiology	162,751	212,730	.04	.04	.0513	.0785
Dental surgery in hospital	1,853,099	2,398,722	.42	.44	.6979	.8848
Osteopathy	236,904	382,375	.05	.07	.0892	.1411
Nuclear medicine	885,573	959,428	.20	.18	.3335	.3539
Unclassified	7,172,032	9,119,701	1.64	1.68	2.7009	3.3641
TOTAL	438,161,025	541,661,892	100.00	100.00	185.0075	199.8089

(1) Includes only those payments which have been made during the respective fiscal periods.

(2) Based on insured population as at October 1, as derived from Statistics Canada Data (October 1, 1980 = 2,655,400, October 1, 1981 = 2,710,900). New population statistics received February, 1981.

Subscriber statistics

Registrations and persons covered[1] by premium subsidy level at March 31, 1982

Subsidy (per cent)	Subscribers	Persons
90	273,953	422,492
50	13,284	21,209
Nil	1,011,859	2,294,199
	1,299,096	2,737,900

1 Coverage data does not include members of the Canadian Armed Forces, RCMP and inmates of federal penitentiaries.

Persons covered by age group at March 31, 1982

Age Group	Persons
Under 1	35,402
1 - 4	156,898
5 - 14	408,169
15 - 24	461,413
25 - 44	834,653
45 - 64	533,990
65 - 69	107,499
70 - 79	133,675
80 - 89	49,677
90 & over	10,734
Unknown	5,790
	2,737,900

Distribution of medical fee-for-service payments
and services by type of service

Type of service	Number of services 1980/81	Number of services 1981/82	Amount paid 1980/81	Amount paid 1981/82
General practitioner				
Complete examination	1,166,743	1,278,375	$29,713,903	$ 39,248,944
Partial examination	7,956,753	8,070,373	98,214,759	116,897,140
Subsequent office visit	13,891	19,879	177,372	300,147
Night, Sunday, holiday or emergency visit	637,221	704,731	17,769,342	22,721,751
First house visit	118,601	131,935	2,563,758	3,537,858
Subsequent house visit	44,395	20,539	750,652	385,233
Hospital visit	1,490,946	1,505,633	11,025,415	14,000,256
Subtotals	11,428,550	11,731,465	160,215,201	197,091,329
Specialists				
Consultation	1,036,243	1,075,720	50,534,367	63,077,454
House visit	14,157	15,362	614,477	799,605
Office visit	560,292	608,385	7,516,401	10,014,748
Hospital visit	685,004	726,144	7,640,766	9,931,393
Subtotals	2,295,696	2,425,611	66,306,011	83,823,200
Other medical				
Anesthesia	2,244,219	2,392,069	20,290,844	25,039,056
Obstetrics	61,364	62,813	11,447,487	13,862,641
Surgery	497,119	520,844	48,401,688	57,963,335
Special procedures	816,627	878,230	18,130,734	22,996,866
X-ray	1,229,786	1,243,469	28,088,694	33,141,697
Laboratory	9,115,288	9,497,055	57,402,980	70,589,862
Common office procedures	1,211,857	1,271,134	9,156,119	12,029,390
Psychotherapy	224,016	232,154	9,528,320	12,133,246
Electrodiagnosis	83,822	102,830	5,002,345	7,275,998
Pulmonary function	36,236	41,825	461,598	595,727
Miscellaneous	17,405	19,007	3,729,004	5,119,545
	15,537,739	16,261,430	211,639,813	260,747,368
TOTAL	29,261,985	30,418,506	$438,161,025	$541,661,892

Preventive Services

PREVENTIVE SERVICES

Preventive Services is the division of the Ministry of Health dedicated to creating--through education, promotion and sanitation--a living environment where the conditions that cause or promote disease are eliminated or minimized. The preventive work is done in the community, in schools and at the work place by public health nurses, public health inspectors, nutritionists, orthoptists, dental hygienists, epidemiologists, and speech and hearing professionals.

The senior staff and divisional consultants are located in Victoria. Services at the community level are provided by health unit staff. There are 17 provincial health units throughout British Columbia, and similar preventive services are available in Vancouver, the North Shore (North and West Vancouver), Richmond, Burnaby, and the Capital Regional District, although these health departments are not staffed by provincial employees. In addition, the Vancouver Bureau, comprising the provincial laboratory, venereal disease control, tuberculosis control, kidney dialysis services and the radiation protection service, is also the responsibility of the assistant deputy minister, preventive services.

Health Promotion

Health Promotion provides information to enable individuals to modify their lifestyles to maintain their highest possible level of well-being. Programs are aimed at reducing demands on health care

institutions and other facilities. The unit provides consultation related to health information and intervention strategies, improves the specific health promotion knowledge and skills of health professionals and community leaders, and promotes the appropriate use of the health care system and self-responsibility for health.

Major thrusts are planned in the areas of nutrition, fitness and health education. These will be in the form of demonstration projects aimed at major health problems. They will be practical, with potential for significant cost savings. Once the projects are developed and evaluated they will be integrated into the existing delivery systems throughout the province.

Provincial Health Officer

The provincial health officer is responsible for advising the senior management of the Ministry as to the prevention and interception of contagious and infectious diseases in the province and communicating with other boards of health and health officers to acquire and distribute information concerning public health.

Vancouver Bureau

The bureau includes a variety of services located in the Vancouver area, including the divisions of laboratories, tuberculosis control, venereal disease control, occupational

health and the medical supply service. It conducts specialized integrated services for the treatment and prevention of communicable disease throughout the province. The headquarters and central service facilities, which include registries for venereal disease, tuberculosis and kidney dialysis service, are in Vancouver.

Division of Venereal Disease Control

The division's responsibility to control the spread of venereal diseases is carried out through a program with three major components—public information, venereal disease clinics, and training public health nurses throughout British Columbia who are responsible for V.D. control on a regional basis.

Medical Supply Services

The major function of this service is to provide support—in the form of supplies and nursing and technical assistance--to patients performing kidney dialysis at home, and to others who use the Willow Dialysis Unit in Vancouver. The division employs a co-ordinator to assist the process of kidney transplants and donations in British Columbia.

Supplies for hemophiliacs, and for patients requiring intravenous feeding due to severe bowel diseases, are also provided by Medical Supply Services.

Division of Tuberculosis Control

All phases of TB prevention and treatment in British Columbia are directed by this division. As well as providing in-patient and out-patient care, the division offers consultative service to private physicians, and advises health units regarding contact tracing of active cases and supervision of cases under treatment.

Laboratories

The main laboratory is in Vancouver, and branch laboratories are in Victoria and Nelson. The division performs all types of public health laboratory procedures, with the more complex tests and analyses being undertaken in the main laboratory. Biological products are distributed free of charge to the health units and, through the health units, to private physicians.

Occupational Health

Occupational Health has both external and internal responsibilities. The external, or community obligations, consist of promoting and advising authorities, organizations and private persons on occupational health matters plus the monitoring of radiation hazards throughout the province. Professional guidance on the organization of occupational health services, and the control of both occupational and environmental

hazards of a physical and chemical nature, are provided on request. In this latter role, the division is frequently involved with other Ministries, the Workers' Compensation Board, the B.C. Medical Association and the federal government.

The provision of occupational health services to provincial government employees highlights the division's internal responsibilities. Although clinical occupational medicine is emphasized, there is ready access through other government resources related to industrial hygiene, accident prevention, and toxicological services. A full, integrated employee health program is offered and division representatives play a leading role in the government's program for the management of incapacitated employees.

Public Health Inspection

This division works closely with the medical health officers throughout the province. Public health inspectors are responsible for the administration of regulations under the Health Act such as those concerning food premises, water supplies, sewage disposal, swimming pools, housing, summer camps, and solid waste disposal facilities. The director and staff of the division provide consultative and support services to medical health officers and public health inspectors in provincial health units and municipal health departments.

Dental Health Services

The objectives of this division focus on maximum possible prevention of oral diseases and abnormalities through use of community and self-applied fluorides, encouragement of early and regular visits to the family dentist, development of lifetime preventive home-care skills, and good nutritional habits. This division, through the dental extern service, assists with the provision of dental treatment in areas of the province which have no dentists. Preventive and treatment services are also organized for the handicapped, the elderly and those confined to homes and institutions, in co-operation with the College of Dental Surgeons.

These services are provided by teams of regional dental consultants, dental hygienists and dental assistants in the health units. School programs form the main part of their efforts, so that young people can learn about the causes and prevention of dental diseases, have their teeth checked and be referred for dental treatment if needed. Prenatal, pre-school and adult dental programs are also organized to meet specific needs of these age groups.

The director and headquarters staff provide consultation services to the Ministry and the health units.

Community Nutrition

This division develops and co-ordinates a program in community nutrition and health education for provincial health staff in local health units, various government departments, allied professions, training schools, and the general public. Information is provided on nutrition, institutional food service, nutrition counselling and on positive aspects of health and lifestyle generally. Information is provided through publications, visual aids, demonstrations, public speaking and operational research. Consultative services are made available on request to institutions and other departments of government. A number of community nutritionists are located in health units to provide consultative services to staff, health professionals and the public.

Public Health Nursing

Public health nursing is a service available to residents of all ages in British Columbia through local health units. The public health nurse assists individuals, families and communities, with a focus on "wellness" rather than "illness", on prevention of disease and disability, on early identification and treatment of problems, and on promotion of health as an individual's responsibility.

Particular emphasis is placed on maternal and child health programs. The public health nurse is also active in the control of communicable diseases, in community care facility licensing, and in work with individuals with chronic conditions, life crises and problems associated with aging.

The director and headquarters staff serve in an advisory capacity to other agencies in planning and organizing of public health nursing services and provide consultation to health unit directors and staff.

Epidemiology

Epidemiology is the study of the distribution and determinants of disease and disorder in the population, in order to assist in the planning, development, and evaluation of strategies for the prevention, and control of disease.

The division provides immunizing agents to protect children and adults against diphtheria, whooping cough, tetanus, rubella, poliomyelitis, measles, and mumps. The division also provides influenza vaccine, rabies vaccine and immune globulins for individuals at special risk.

To achieve its goals, the division of epidemiology makes use of a wide variety of data sources, literature searches, field studies and ongoing surveillance activities. The division is also responsible for vaccine inventory management in the province.

Speech And Hearing

The assessment and management of communications disorders is offered by speech therapists and audiologists in a number of provincial health units. The emphasis in these programs is on pre-school and early school-age groups with whom prevention of long-term problems is most likely to succeed. This division is also responsible for the delivery of school speech services in a number of school districts in the province. The establishment of regional audiological centres has allowed the development of comprehensive identification, assessment, diagnostic, and rehabilitative services to the people of British Columbia.

1982 Program Highlights

Preventive Services

During 1982, Ministry public health nurses saw an increase in their workload. More than 44,000 additional British Columbians were included in areas served by Ministry nurses, 46 more schools were served, 175

more licensed care facilities, and more than 2,000 additional residents at those care facilities.

During the year responsibility for the staff of the Provincial Child Care Facilities Licensing Program was assigned to the director of public health nursing. Included in this responsibility was the work of the licensing board itself which, during 1982, licensed 1,592 child-care facilities. These included group and family daycare, child minding, out-of-school care, nursery school and specialized facilities with a total capacity for 25,618 children.

Due to the recession, a financial strain has been placed on many commercial enterprises which in turn has increased the need for surveillance by public health inspectors to ensure adequate attention is paid to maintenance and cleanliness. For example, the increase in bulk sales of food—in which customers help themselves from bulk packages—requires careful surveillance. During the year the Division of Public Health Inspection worked to develop guidelines on the safe handling of bulk food items.

Drinking water quality standards were produced and published for the information and guidance of water purveyors and the public. Guidelines for the approval of waterworks under the terms of the Health Act were also produced for the information of consulting engineers.

Dental hygienists and assistants provided education, motivation, prevention, development of home care skills, inspections, referrals and parental follow-up to 83,000 children in kindergarten and Grades 1, 3, 5 and 7 in provincial health units. Of the children inspected, 80 per cent were found to have dental disease under control and appear to visit the family dentist on a regular basis.

More dentists register in B.C. every year, and fewer communities remain without resident dentist service. Where ensuring dentists' services to remote communities was once the main function of the dental division, with 13 dentists travelling around the province, there are now only three dentists on this program, all in northern communities. The 1982 program served a total of seven communities and 3,616 people.

During 1982, the Division of Speech and Hearing delivered a comprehensive, community-based hearing conservation program. Awareness of and increasing demand for these services have resulted in the continuation of the 20 audiology clinics operating in all but one of the 17 provincial health units and in two municipal health districts.

Among the general population between 1978 and 1982, there has been a reduction of 14.5 per cent in sensory-neural hearing loss in areas served by the division.

Some 40,000 therapy sessions were conducted by the division's

speech pathologists.

The division's over-all program was recognized with awards for scientific merit and presentation by the International Speech and Hearing Association in 1982.

In 1982, the Division of Epidemiology reported that immunization rates for children up to the end of Grade 1 had increased to 90 per cent for diphtheria, whooping cough, tetanus; 91 per cent for poliomyelitis and measles; and coverage of Grade 5 girls with rubella vaccine increased to 93 per cent. An intensive surveillance program was started for the investigation of any reported case of measles. Studies of vaccine utilization were undertaken, with special emphasis on wastage, record-keeping and possible adverse reactions.

Among many special investigations undertaken, of particular significance were a possible cluster of congenital heart disease, an outbreak of rubella in teenagers, small outbreaks of tuberculosis, and several foodborne and waterborne disease outbreaks.

An added emphasis on health promotion was undertaken with the formation of a new unit within Preventive Services, encompassing health education, nutrition and fitness. A health educator was seconded to the Insurance Corp. of British Columbia to manage the health component of a comprehensive accident prevention program; planning was started on

fitness and lifestyle programs aimed at health hazards; and Project Non-Smoker completed its second successful year.

For the Nutrition Division, 1982 saw a continued emphasis on the preconception to year one period as the first priority. The major focus for maternal and infant nutrition was a complete revision of program content and approach. To achieve a current, valid, effective and efficient model, the consultants at headquarters co-ordinated the literature/information review needed to establish policies and guidelines, while the field nutritionists documented service delivery effectiveness, trends in food patterns and high-risk populations.

Nutritional screening at clinics for three- and four-year-olds continued in many health units. More than 150 clinics and preschools were involved and 370 families received counselling.

Some 1,200 contacts were made with school boards, teachers and parent committees. The videotape "Nutrition in Schools", prepared by the division and acclaimed by the B.C. Nutrition Council, was used extensively to create an awareness of the need for improvement in the school food environment.

To provide the rationale for school food policies, a revision of the division's guidelines for foods served in schools was completed.

The "Senior Chef" television series developed by the division in the past was honored in 1982 when it received the General Foods Award of Excellence. The program continues to be used nationally and the cookbook sold internationally. In B.C., the thirteen 30-minute shows were televised nine times; 22,000 cookbooks were distributed.

During 1982, consultative services were provided by the provincial orthoptist to more than 200 public health nurses, health unit aides and volunteers.

Program emphasis was placed on infant, preschool and kindergarten screening to detect visual abnormalities which may cause permanent vision loss.

A recommendation was made that all children before the age of 18 months have a test for eye muscle balance and a new section on muscle balance was added to the vision services learning module. This module, which provides public health nurses with information required to carry out parts of the vision screening program, underwent a complete revision.

The Radiation Protection Service paid special attention to the increased use of industrial and domestic radio frequency equipment, microwave ovens, video-display terminals and lasers. Such use has aroused public interest in possible health hazards.

Several studies of VDTs were carried out. The results show that the emission levels are either extremely low or not measurable and do not represent a radiation hazard.

The Community Vocational Rehabilitation Services was transferred to the Ministry of Labor in November, 1982.

CVRS field operations will be integrated with the former apprenticeship, employment opportunity and women's program into a new employment training division at Labor.

The Division of Tuberculosis Control saw the incidence of active TB decline. There were 14.3 cases per 100,000 population in 1981 compared with 17.9 in 1975. There has been a plateau in the number of persons with active tuberculosis over the last five years. Older males, unemployed males, persons not born in Canada and native Indians continued to exhibit high rates of tuberculosis. Although the over-all incidence of new, active tuberculosis has been declining over the last three decades, the actual number of cases has remained stable over the past five years.

The Division of Occupational Health conducted 75 seminars involving 1,200 employees. Complementing this service is the employee fitness program which offers fitness assessments, individual and group exercise and nutritional counselling, exercise and recreational programs and

individual activity schedules to employees in the Victoria region. More than 1,500 medical examinations were carried out to determine employee health status.

The employee assistance program deals with the psycho-social problems of employees, problems which affect how the employee does his or her job. In 1982 the program conducted 1,400 counselling interviews, made 280 referrals and provided training for 240 government workers.

Since there has been a definite decrease in the number of cases of gonorrhea seen over the past two years (by approximately one-third) and since it is difficult to prove that these patients are being treated by private physicians or other clinics (there is evidence to support this, though not conclusive), the Division of Venereal Disease Control introduced a new 'fast lane' into the booking system at its Vancouver clinic to permit drop-in and follow-up patients to be seen quickly. It is hoped this will improve attendance and patient compliance in treatment.

In November, radio features produced by Information Services in co-operation with Preventive Services began being broadcast throughout the province. The professionally-produced features cover a wide range of health-related subjects.

They are designed to increase public awareness of the link between lifestyle and personal health and emphasize a healthy lifestyle.

The stations, with transmitters covering 34 communities, broadcast the spots daily. They range from 90 seconds to two minutes and are also carried by 26 cable companies across British Columbia.

Community Care Services

COMMUNITY CARE SERVICES

The role of Community Care Services is to manage, develop and administer economical, efficient and effective programs in mental health, forensic services, alcohol and drug treatment, and vital statistics.

Mental Health Services

The Mental Health Services Division has responsibility for ensuring that the mental health system in British Columbia provides efficient and effective care to residents with mental health problems regardless of where the residents live or their income level. It accomplishes this responsibility by direct service delivery and by over-all management co-ordination of the mental health system including those elements delivered through other divisions, ministries, private and voluntary agents.

Services available to the three main demographic groups (children, adults, and the elderly) are organized into several major program groups: Preventive, emergency, acute, rehabilitation, and maintenance. The division directly provides multi-disciplinary professional services through its children's services branch, acute and adult care branch, and rehabilitation and geriatric services branch. Branch programs are delivered through Riverview Hospital, Burnaby Psychiatric Services, 31

mental health centres and 16 related sub-offices throughout the province. In addition, mental health services administers a major grant to the Greater Vancouver Mental Health Services, and is functionally responsible for its operation.

The Mental Health Services Division attempts to direct clinical service to the most seriously mentally ill as its first priority, and then to others experiencing serious mental health problems. Whenever possible the division strives to complement the services offered through general physicians, psychiatrists, hospitals, and other agencies by co-ordinating and supporting their activities, and supplementing them when required to ensure the provision of priority programs.

Alcohol and Drug Programs

Alcohol and Drug Programs provides treatment information and prevention programs in response to problems of alcohol and drug abuse and dependence.

Outpatient counselling services are located in 29 communities. Detoxification facilities are provided in five communities and residential treatment programs operate in many centres.

About one-half of these services are delivered through funding to local private societies.

Alcohol and Drug Programs also provides extensive information to the public on alcohol and drug problems, conducts research, and has some prevention activities under way.

Forensic Psychiatric Services

Forensic Psychiatric Services is responsible for providing psychiatric assessments to the courts and for providing treatment for individuals who have been ordered into treatment as a result of criminal proceedings.

The program consists of outpatient clinics in Vancouver and Victoria which provide assessments for the courts and some supervision and treatment of outpatient care.

The Forensic Psychiatric Institute at Port Coquitlam provides treatment in a secure setting. The Maples Adolescent Treatment Centre in Burnaby provides treatment for young people in a secure setting.

Family court clinics in Vancouver and Victoria provide assessments of juveniles before the courts.

A major priority for the service at present is full implementation of the Maples Adolescent Treatment Centre and the family court clinic.

Vital Statistics

The Division of Vital Statistics is responsible for the administration of the Vital Statistics Act, Marriage Act, Name Act and Part II of the Wills Act.

The Vital Statistics Act governs the registration of births, deaths, stillbirths, marriages, adoptions and divorces through a system of district registrars in the province and the controlled issue of certificates and photocopies of registrations. It includes special procedures for dealing with adoptions, delayed registrations of vital events, and effecting changes, corrections and cancellations of registrations.

The Marriage Act provides for the registration of ministers to solemnize marriages in British Columbia, the issuance of marriage licences and for the solemnization of civil marriages. The Act has procedures for dealing with various irregularities in marriage, upholding of caveats against a marriage, validation of marriage, and the issuance of orders of re-marriage. The Name Act provides for processing legal changes of name, including the election of brides to retain their maiden surname, and the issuance of certificates of name changes. The Wills Act provides for receiving and registering notices of the filing of wills, and revocation or relocation of wills. It also makes provision for searches of will notices following the death of a testator and issuance of certificates respecting notices on file.

The other function of Vital Statistics is to provide a biostatistical service to the Ministry. Statistical information is compiled from the vital statistics registries for the use of health planners. The British Columbia Health Surveillance Registry is maintained for the recording, classification and analytical study of congenital and handicapping conditions.

1982 Program Highlights

Community Care Services

Alcohol and Drug Programs has continued to implement the reorganization begun in 1981, with emphasis on effective co-ordination on a regional basis. Treatment services are divided into five regions, with a small central support staff in Vancouver.

During 1982, the executive director was relocated to Victoria, to provide closer liaison with other senior program administrators in the Ministry.

Direct treatment services and funded agencies provided treatment through 49 outpatient centres, 14 inpatient centres (residential treatment centres and support homes) and seven detox centres. Admissions for 1981/82 were: outpatient, 8,798; inpatient, 2,767; and detox, 7,777. All centres provided treatment for alcohol and other drug problems.

Funded agencies continue to be an important part of the delivery of alcohol and drug treatment services in B.C. About half the total budget was spent in the form of grants to local private societies committed to providing treatment programs in their community. Admissions for the period April 1 to Sept. 30, 1982, were: outpatient, 4,796; inpatient, 1,858; and detox, 8,706.

New outpatient services were opened in Vernon, Courtenay, Langley and Duncan. Great Northern Way Detox was officially opened on Feb. 25, 1982, and, by December 31, 1982, had admitted more than 8,000 persons referred by Vancouver city police.

Maple Cottage detox centre was expanded by 12 beds to a total of 32. With expansion the centre has accepted more difficult drug withdrawals, and the average stay has been extended from three to six days.

The four-yearly survey of Vancouver secondary schools was carried out in April. The results were published under the title, "Alcohol and Drug Use among Vancouver Secondary School Students: 1970, 1974, 1978, and 1982".

During 1982, Mental Health Services continued its direct responsibility for administering—in accordance with the Mental Health Act—Riverview Hospital, Burnaby Psychiatric Services, Integrated

Services for Child and Family Development (Victoria), and the mental health centres.

In residential services, 2,300 people were accommodated and a fifth apartment block was opened under non-profit sponsorship. In addition, 36 group home units were obtained through the Ministry of Lands, Parks and Housing's rental housing assistance for disabled people program.

The responsibility for mentally retarded residents of care facilities was transferred to the Ministry of Human Resources along with 10 staff positions to provide care for these patients.

Statistics showed that mental health centres, including Burnaby, saw 10,838 out-patients. Burnaby admitted 324 in-patients and Riverview Hospital admitted 1,034 in-patients. Riverview's in-patient population stayed stable at about 1,000 patients. Greater Vancouver Mental Health Services saw 3,000 patients.

During 1982, Forensic Psychiatric Services continued to provide court-ordered psychiatric assessment and treatment of accused or convicted adults at its two adult out-patient clinics, the 140-bed in-patient Forensic Psychiatric Institute in Port Coquitlam and travelling clinics to Prince George and Kamloops.

A need for psychiatric assessment services to juvenile court had long

been recognized. During 1982, specialists in adolescent psychiatry joined the service and two family court clinics were opened in Burnaby and Victoria.

During 1982, 71 adolescents between the ages of 12 and 16 were admitted to the Maples Adolescent Treatment Centre in Burnaby, which treats the most emotionally disturbed and psychiatrically-ill adolescents in the province.

A new adolescent containment centre was completed to augment the existing residential cottages, the transition house and day program that make up The Maples Adolescent Treatment Centre. One eight-bed ward was opened with a further 17 beds due to open in 1983.

Demographic Features

British Columbia's population growth slowed a little during 1982 compared with the previous year. But it still grew—by one per cent—and there are now 2,783,200 people in the province, up from 2,744,500 in 1981.

There were four per cent more births, somewhat higher than the previous year's increase.

The rate of births per 1,000 population was also higher, 15.4 as compared with the 1981 figure of 15. Illegitimate births in 1982 were 12 per cent above the 1981 figure, representing 17 per cent of all live births, a record high.

The marriage rate per 1,000 population was 8.6, down somewhat from the 1981 figure of 9.4.

The death rate continues at a low level, 7.3 per 1,000 population.

Deaths from heart disease per 100,000 population were well below the higher rates in the previous decade, there being a death rate of 232 recorded in 1982, compared with 235 in 1981.

Deaths from cancer increased very slightly to 170 per 100,000 population in 1982 from 168 the previous year.

Deaths from cerebrovascular lesions of the central nervous system—strokes--continue to decline and a record low rate of 65 per 100,000 was recorded in 1982. The figure for 1981 was 68.

Accident deaths also showed a decline, the rate being down to 55 per 100,000 people from the 1981 figure of 62. This was largely a result of a sharp decline in motor vehicle accident deaths which represented 35 per

cent of accidental deaths in 1982, compared with 49 per cent in 1981. The proportion of accidental deaths which were a result of falls, on the other hand, increased to 28 per cent from last year's 17 per cent. Drowning mortality also increased sharply and accounted for nine per cent of accidental deaths in 1982, but only three per cent in 1981. Deaths from accidental poisoning caused eight per cent of accidental deaths in 1982, about the same as in 1981.

Suicide was the cause of 14 deaths per 100,000 population, about the same as in 1981 and a rate below the figures for the 1970s.

The infant death rate per 1,000 live births in 1982 was 10, slightly lower than the 1981 rate of 11.

Registrations, certificates, and other documents processed by

Division of Vital Statistics, 1981 and 1982

	1981	1982[1]
Registrations accepted under Vital Statistics Act		
Birth registrations	41,421	43,180
Death registrations	20,148	20,440
Marriage registrations	24,705	23,940
Stillbirth registrations	338	330
Adoption orders	1,691	1,830
Divorce orders	9,490	10,340
Delayed registrations of birth	212	240
Registrations of wills notices accepted under Wills Act	57,702	61,680
Total registrations accepted	155,707	161,980
Legitimations of birth effected under Vital Statistics Act	220	350
Alterations of given names effected under Vital Statistics Act	372	(2)
Change of name applications granted under Change of Name Act	3,563	3,950
Materials issued by the central office		
Birth certificates	89,461	82,970
Death certificates	7,626	8,000
Marriage certificates	10,273	10,350
Baptismal certificates	11	10
Change of name certificates	2,863	3,000
Divorce certificates	232	250
Photographic copies	14,176	13,680
Wills notice certification	13,358	13,970
Total items issued	142,155	132,230
Non-revenue searches for government ministries by the central office	27,119	22,090
TOTAL REVENUE	$1,321,393	$1,516,850

(1) Preliminary

(2) Data on alterations of given names for 1982 are not readily available separately, as commencing in that year they were combined with documentary correction declaration data.

Institutional Services

INSTITUTIONAL SERVICES

The role of the Division of Institutional Services is to develop and manage the resources required to plan, maintain, evaluate and improve the province's emergency health services and acute and continuing health-care systems. In addition to ensuring the best utilization of resources, the assistant deputy minister for Institutional Services must achieve these objectives within a spirit of respect, understanding, and co-operation among all participants in the health-care system, including trustees, administrators, physicians and other health care professionals, unions, consumers, and the public.

Emergency Health Services

Emergency Health Services' primary concern has been to provide ambulance services throughout the province. It also has the powers and authority:

- to provide emergency health services;

- to establish, equip, and operate emergency health centres and stations;

- to assist hospitals, other health institutions and agencies,

municipalities and other organizations and persons in providing emergency health services, and to train personnel to provide services, and to enter into agreements or arrangements for that purpose;

- to establish or improve communications systems for emergency health services in the province;

- to make available the services of medically trained persons on a continuous, or temporary basis, to those residents of British Columbia who are not adequately served;

- to recruit, examine, train, register and license emergency medical assistants, and to perform any other function related to emergency health services as the Lieutenant Governor in Council may order.

The Commission now operates 350 ambulances from 160 centres around the province. A central warehouse has been established in Vancouver which ships supplies and equipment to all parts of the province as required. For operational purposes, the province has been divided into seven regions, each under the supervision of a zone co-ordinator.

Residents of British Columbia are billed at $25 per call for up to 40 km and 26¢ per km over that, with a $162 maximum. There is no extra charge for air ambulance service or for trained escorts where these are

approved prior to the journey. Wherever possible, operations are confined to the province. However, in certain instances, because of geographical locations—for example, those areas adjacent to the Alberta border--patients will be taken to Calgary or Edmonton hospitals at no extra charge. For non-residents, industrial accidents, Workers' Compensation Board and other agency cases, charge for service is based on time and distance travelled.

Home Care/Long- Term Care

The Home Care/Long-Term Care program became effective January 1, 1978. It is designed to meet the needs of that segment of the population who cannot live without help, because of health-related problems which do not warrant care in an acute care hospital. The primary aim of the program is to permit those who qualify for benefits to remain in their own homes, among their own families, for as long as it is desirable and practical.

The senior official responsible for the over-all development, implementation and operation of the Home Care/Long-Term Care program is the executive director. This position is also accountable for the home nursing care program, community physiotherapy, adult care licensing, and Valleyview, Pearson, and Skeenaview Hospitals.

The Provincial Adult Care Facilities Licensing Board is the organizational body responsible to the Minister of Health for the licensing and inspection of community care facilities, and is composed of representatives from the Ministries of Health, Education and Human Resources. During 1982, responsibility for child care licensing was transferred to Preventive Services, while adult care licensing remained within Institutional Services.

The community physiotherapy program provides direct treatment, consultative and preventive services to patients, families, physicians, public health staff, hospitals, and the general public through 12 health units representing 18 office locations. These services are provided to three major program areas—home nursing care, long-term care and public health programs.

Valleyview, Skeenaview and Pearson Hospitals provide required treatment services for their local communities and serve as provincial referral centres. Valleyview and Skeenaview service primarily the psychogeriatric client while Pearson Hospital provides required services to younger extended care clients and those suffering from respiratory disabilities.

Skeenaview Hospital is being phased out and will be replaced by a new intermediate care facility in Terrace.

The nature of the Home Care/Long-Term Care program has required the establishment of a decentralized professional organization, with the central office in Victoria providing over-all policy direction and control.

The local health units throughout the province are the organizational units responsible for the co-ordination and administration of the program at the local level. The program is delivered through 17 provincial health units and five municipal units. An administrator is based in each of these 22 health units and is responsible through the health unit director for program delivery. Services provided include: homemaker services, adult daycare, personal and intermediate facility care, family care homes, group living homes, and assessment and treatment centres. The Home Nursing Care Program is administered through the health units and all the patients are admitted to the program on referral by their attending physician. The Home Nursing Care Program consists of two services; hospital replacement and non-hospital replacement.

The hospital replacement service is for patients who are discharged early from, or in place of admission to, an acute-care hospital. Patients admitted for hospital replacement receive the necessary services such as nursing, homemaker, meals-on-wheels, medication and equipment free of charge. The services are co-ordinated and paid for by the Home Nursing Care Program. This service has the potential to make the use of hospital beds more efficient by enabling more patients to be cared for in their homes.

The non-hospital replacement service is for patients who do not need acute hospital care, but require professional nursing and other services, such as a homemaker, to remain at home. This service is available throughout the province and provides nursing care at no charge to the patient. The patient is responsible for payment of medication or special equipment that may be required.

When indicated, patients from either category may be referred to other treatment services such as physiotherapy or support services provided by the Home Care/Long-Term Care Program.

Hospital Programs

The Hospital Programs branch of Institutional Services is charged with the ongoing funding of the province's public hospitals, under the terms of the Hospital Act, the Hospital Insurance Act, the Regional Hospital Districts Act and related legislation. This responsibility entails the control of funds allocated by the legislature for the operation of approximately 128 separate hospital and designated facility societies; provision of funds for hospital construction and equipment needs; and payment of out-of-province hospital costs for qualified B.C. residents.

To meet this responsibility, Hospital Programs conducts a monitoring and consultative service covering the major activity centres of hospital

operations. The branch's obligation to ensure that public funds are being utilized to provide high quality, cost-effective hospital care is made more challenging by the fact that the province's hospitals are operated by voluntary, autonomous boards.

The objectives of the branch are:

- to plan, initiate and evaluate an acute, rehabilitation, and extended care delivery system which ensures reasonable access;

- to determine the financial, human, and physical resources required to maintain and improve the hospital system;

- to allocate available resources in the most equitable manner and;

- to monitor the process and outcomes and ensure the hospital system is both efficient and effective.

A fundamental role of Hospital Programs in ensuring that appropriate hospital care is available for the people of British Columbia is to act as an interface between hospitals and government so that government policy is succinctly communicated, while the needs of the field are understood.

Hospital Programs was recently reorganized into a more horizontal regional team organization of multi-disciplinary groups under regional team directors, together with the necessary support divisions in finance, administration, professional consultation, and hospital planning and construction. Consistency between teams is maintained by regular meetings of the directors' group, which recommends planning and funding policy. The Hospital Programs' policy and procedure manual is being re-written with respect to all fiscal and administrative matters to ensure a consistent approach.

1982 Program Highlights

Institutional Services

During 1982, Hospital Programs was involved in the completion of 20 major construction projects, at an estimated total cost of $99 million. These projects provided 279 acute-care beds and 396 extended-care beds.

Largest single job completed during the year was the new Laurel Street Project at Vancouver General Hospital, first phase of which included a 31,000-square-foot emergency department, praised as a state-of-the-art facility, one that relieves the cramped conditions in the hospital's old emergency ward. Also included in this project was a 27-bed

coronary-care unit. The total cost was $26 million. This project is continuing and will eventually include brand new operating theatres for the Vancouver General Hospital.

Among the other major projects completed during the year were:

- a major addition to Richmond General Hospital, providing another 75 acute-care beds and enlarged service departments.

- a new 25-bed acute-care hospital in Port Hardy on northern Vancouver Island, replacing the old 10-bed facility.

- a new 55-bed extended-care facility at Parksville, also on Vancouver Island, built in conjunction with a 50-bed intermediate and personal-care home.

- a new 496-bed acute care hospital on Helmcken Road to replace the aging Victoria General Hospital was completed and began operation early in 1983.

- a new acute care complex for pediatric and obstetrical care opened in the summer of 1982. Salvation Army Grace Hospital in Vancouver has 120 beds and Children's Hospital has 176 beds.

- major additions to acute hospitals in Abbotsford, Kimberley, North Vancouver, Prince George, Surrey, and Shaughnessy Hospital, Vancouver.

- additions to extended care facilities at Comox, Kamloops, Mission, Surrey, and Vernon.

Besides all the project completions, Hospital Programs was actively involved in many construction projects still in the building phase.

Among them is the A. Maxwell Evans Clinic of the Cancer Control Agency of British Columbia in Vancouver, due to open early in 1984.

As well as hospital construction and renovation projects, various upgraded hospital services for British Columbians were provided.

For example, Health Minister Nielsen announced during 1982 that an additional $2.548 million would be made available to expand open heart surgery services at Vancouver General and St. Paul's Hospital, two Vancouver facilities that provide sophisticated treatment for patients referred from all across the province.

The extra money meant the two hospitals could do as many as 500 more coronary artery bypass operations each year.

During 1982, steps were also taken within the Ministry to improve the administration of Hospital Programs.

For example, to improve Hospital Programs' function as the link between British Columbia's hospitals and the government, the position of executive director of Hospital Programs was created. And the province was subdivided into five separate regions, each with a special Ministry team assigned to look after its particular needs. Members of each team include administrative experts in fields such as finance, nursing and planning. This provides a single contact within the Ministry for each of the hospitals in the province, thereby improving communications and problem solving.

Hospital Programs also established an equipment grant secretariat to administer and direct the allocation of funds for the purchase of hospital equipment. The secretariat will conduct preliminary reviews and assessments of equipment allocations and be responsible for processing equipment grant applications and claims. It is estimated that the total equipment funding to hospitals for the 1982/83 fiscal year will amount to approximately $45.5 million.

During 1982, Emergency Health Services launched new ambulance services--operated by part-time attendants--in the communities of Bella Bella, Goldbridge and New Aiyansh.

In October, an experimental, trial-basis air-vac crew was organized, consisting of six full-time attendants. Team duties are to provide a more responsive and cost-effective way of crewing the air ambulance service. The team's effectiveness is now being assessed and it appears this new crewing method will be retained with four, rather than six, full-time attendants.

In 1982 the air ambulance service continued to be extensively used to transport patients, involving 4,467 flights and 4,500 patients, a seven-per-cent increase in flights over 1981.

Road ambulance call volume of 217,353 in 1982 represented an increase of 6.5 per cent over 1981.

During the year, the upgrading of ambulance stations continued. The vehicle modification depot in Victoria manufactured 27 standard ambulances and two four-wheel-drive ambulances at a substantial cost-saving per unit. They replace older, unreliable vehicles beyond repair.

During 1982, a total of 53,073 British Columbians were cared for under Home Care/Long-Term Care programs.

Meeting the needs of these people requires long-range planning of accommodation and services.

For example, since January 1, 1981, the construction of an additional 1,838 intermediate care beds was approved, with 326 more beds actually opening during 1982. Also since the beginning of 1982, 19 facilities and an additional 15 adult day centres have opened.

For the 1982/83 fiscal year, an additional $2 million was allocated to the Home Nursing Care Program to compensate for changes in acute care and physicians' treatment practices. This allocation included an allowance for staff salaries and support services.

Patient separations according to responsibility for coverage and type of health care

	1977	1978/79	1979/80	1980/81	1981/82[1]	1982/83
A. SEPARATIONS						
(1) B.C. public hospitals (total)						
Acute/Rehab.	406,180	408,606	410,648	409,216	435,519	414,798
Long Term	*Included in Acute/Rehab.				3,893	3,204
Extended	4,026	3,483	3,553	3,680	3,463	3,588
Newborn	36,980	37,938	39,880	41,514	43,873	45,183
(2) Hospital Programs (included above)						
Acute	386,872	389,922	390,513	389,573	415,050	395,302
Long Term	*Included in Acute/Rehab.				3,881	3,194
Extended	4,026	3,483	3,553	3,680	3,442	3,574
Newborn	36,119	37,293	39,125	40,767	43,215	44,505
(3) Percentage of total admissions insured by Hospital Programs						
Acute	95.2	95.4	95.1	95.2	95.3	95.3
Long-term	*Included in Acute/Rehab.				99.7	99.7
Extended[4]	100.0	100.0	100.0	100.0	99.4	99.6
Newborn	97.7	98.3	98.1	98.2	98.5	98.5
(4) Other Hospitals - H.P. responsibility[3] federal/contract						
Acute	350	219	250	519	545	424
Newborn	65	31	24	59	38	3
Out of province - H.P. responsibility						
Acute	7,505	7,138	7,688	6,661	7,174	9,456
Newborn	312	312	367	298	320	408

Footnote:

1. Amended as per final report from hospitals.
2. Estimated, based on latest 1982/83 hospital reports.
3. Including hospitals at Cassiar, Holberg and Masset.
4. For the years 1977 to 1980/81 the percentage of Hospital Programs days to total was not determined. It is assumed therefore to be 100 per cent.

Patient days and utilization statistics according to responsibility for coverage and type of health care

B. PATIENT DAYS	1977	1978/79	1979/80	1980/81	1981/82[1]	1982/83[2]
(1) B.C. public hospitals						
Acute	3,473,838	3,565,659	3,603,701	3,648,247	3,422,235	3,195,474
Long Term	*Included in Acute/Rehab.				308,202	254,048
Extended	1,734,227	1,841,089	1,886,567	1,963,022	2,024,716	2,052,583
Newborn	208,574	208,969	232,226	234,094	241,613	237,263
(2) Hospital Programs						
Acute	3,337,330	3,428,709	3,460,477	3,505,965	3,297,236	3,081,713
Long Term	*Included in Acute/Rehab.				307,238	253,959
Extended	1,734,227	1,841,089	1,886,567	1,963,022	2,012,375	2,043,471
Newborn	202,751	203,299	225,992	228,476	236,084	232,493
(3) Percentage-Hospital Programs to total						
Acute	96.1	96.2	96.0	96.1	96.3	96.4
Long Term	*Included in Acute/Rehab.				99.7	99.7
Extended	100.0	100.0	100.0	100.0	99.4	99.6
Newborn	97.2	97.3	97.3	97.6	97.7	98.0
(4) Other hospitals federal/contract[3]						
Acute	1,615	718	892	1,795	1,563	1,114
Newborn	250	130	94	279	166	15
OUT-OF-PROVINCE						
(5) Average days stay Hospital Programs patients-B.C. public hospitals						
Acute	8.62	8.79	8.86	9.00	7.94	7.80
Extended	430.76	528.59	530.98	533.43	584.65	571.76
Newborn	5.61	5.45	5.78	5.60	5.46	5.22
(6). Average Days Stay Hospital Programs Patients-Federal/Contract Hospitals						
Acute	4.61	3.37	3.48	3.46	2.87	2.63
Newborn	3.85	4.19	3.92	4.73	4.37	5.00
(7) Average Days Stay Hospital Programs Patients-Out of Province						
Acute	8.10	8.33	7.85	7.60	7.15	6.91
Newborn	6.60	6.42	6.81	6.66	6.31	4.03

Footnote

1 Amended as per final report from hospital.

2 Estimated based on latest 1982/83 hospital reports.

3 Including hospitals at Cassiar, Holberg and Masset.

4 Estimated patient-days (including new-born) per 1,000 of population covered by Hospital Programs: 1977 - 1,432; 1978/79 - 1,460; 1979/80 - 1,459; 1980/81 - 1,350; 1981/82 - 1,419; 1982/83 - 1,299. (Because the Armed Forces, Royal Canadian Mounted Police, and some other groups are not insured under the Provincial Plan, the actual incidence of days would be somewhat higher than shown). In addition, estimated patient-days per 1,000 population for extended care amounted to 639 in

Hospital Programs patient separations
from B.C. hospitals and average length of stay
(grouped according to capacity) 1982/83[1]

	Total	250 & Over	100 to 249	50 to 99	25 to 49	Under 25
Patient Separations:						
Acute/Rehab/LTC in Acute	398,496	205,263	112,303	41,634	28,931	10,365
Extended	3,574	1,236	878	345	197	918
Newborn	44,505	19,759	16,394	4,542	2,846	964
Patient Days:						
Acute/Rehab/LTC in Acute	3,335,672	1,891,598	910,787	286,670	195,330	51,287
Extended	2,043,471	645,555	557,505	219,344	85,692	535,375
Newborn	232,493	114,153	81,673	21,133	11,766	3,768
Average Length of Stay:						
Acute/Rehab/LTC in Acute	8.37	9.22	8.11	6.89	6.75	4.95
Extended	571.76	522.29	634.97	635.78	434.98	583.20
Newborn	5.22	5.78	4.98	4.65	4.13	3.91

1. Estimated, based on latest available hospital reports for 1982/83.

Percentage distribution of Hospital Programs
patient separation and patient days
(grouped according to bed capacity) 1982/83[1]

	Total	250 & Over	100 to 249	50 to 99	25 to 49	Under 25
Patient separations:						
Acute/Rehab/LTC in Acute	100.0	51.50	28.19	10.45	7.26	2.60
Extended	100.0	34.56	24.58	9.64	5.52	25.70
Newborn	100.0	44.40	36.84	10.21	6.38	2.17
Patient Days:						
Acute/Rehab/LTC in Acute	100.0	56.71	27.30	8.59	5.86	1.54
Extended	100.0	31.66	27.27	10.70	4.19	26.18
Newborn	100.0	49.10	35.13	9.09	5.06	1.62

1. Estimated, based on latest available hospital reports for 1982/83.

Summary of Hospital Programs out-patient treatments, by category

1977 - 1982/83

	1977	1978/79	1979/80	1980/81	1981/82	1982/83[2]
Psychiatry out-patient	28,974	26,252	26,481	29,972	34,658	36,462
Day care	46,824	53,725	57,209	63,529	70,266	66,903
Minor and emergency	559,000	645,634	814,317	1,019,628	1,001,814	1,109,160
Day care surgery	76,405	82,976	89,812	91,445	102,621	107,672
Diabetic Day Care	4,176	6,515	4,968	6,585	7,917	8,367
Physiotherapy	467,991	452,687	484,110	507,284	552,236	558,129
Dietetic counselling	12,962	18,189	22,077	23,669	24,346	27,054
Renal dialysis Day care	18,331	19,717	20,233	22,177	23,180	20,415
Other[1]	138,365	159,121	162,060	165,820	165,970	166,765
TOTALS:	1,303,679	1,464,799	1,678,768	1,931,548	1,983,203	2,100,927

1. Other includes (a) Cancer out-patients and (b) Rehabilitation day care

2. Estimated

Summary of Hospital Programs in-patients and out-patients

1977 - 1982/83

	Total adults children and Newborn in-patients	Estimated number of emergency, minor surgery, day care, and out patient visits	Total receiving benefits
1977	435,249	1,303,679	1,738,928
1978/79	438,392	1,464,799	1,903,191
1979/80	441,526	1,678,768	2,120,294
1980/81	441,557	1,931,548	2,373,105
1981/82[1]	465,621	1,983,203	2,448,824
1982/83[2]	446,599	2,100,927	2,547,526

1. Amended as per final report received from hospitals.

2. Estimated, based on latest available hospital reports for 1982/83.

Adult care facilities

130 interim permits and 167 licences issued with capacity of 9,282 to new and existing facilities between Dec. 1, 1981 To Nov. 30, 1982

PERSONAL CARE

New -			
Interim permits	5	Licences	4
Capacities	298	Capacities	227
Existing -			
Interim permits	20	Licences	39
Capacities	579	Capacities	1,343

INTERMEDIATE CARE

New -			
Interim permits	25	Licences	14
Capacity	1,600	Capacities	816
Existing -			
Interim permits	5	Licences	30
Capacities	287	Capacities	2266

SPECIALIZED RESIDENTIAL CARE

Psychiatrically disabled

New -			
Interim permits	6	Licences	4
Capacities	104	Capacities	50
Existing -			
Interim permits	27	Licences	29
Capacities	364	Capacities	276

Mentally retarded

New -			
Interim permits	9	Licences	4
Capacities	70	Capacities	32
Existing -			
Interim permits	17	Licences	33
Capacities	162	Capacities	329

Mobile elderly			
New -			
Interim permits	2	Licences	1
Capacities	14	Capacities	12
Existing -			
Interim permits	-	Licences	-
Capacities	-	Capacities	-
Alcohol And Drug			
New -			
Interim permits	6	Licences	4
Capacities	107	Capacities	111
Existing -			
Interim permits	8	Licences	5
Capacities	65	Capacities	170

CLOSURES

Total of 10 facilities, with a capacity of 115, were closed.

PERSONAL CARE	
Licences	2
Capacities	20
INTERMEDIATE CARE	
Licences	-
Capacities	-
SPECIALIZED RESIDENTIAL CARE	
Psychiatrically disabled	
Licences	2
Capacities	21
Mentally retarded	
Licences	3
Capacities	22
Alcohol And Drug	
Licences	3
Capacities	52

Long-Term Care client assessments

	Total number of new assessments	Total number of reassessments and reviews
1979	19,126	12,054
1980	18,559	42,991
1981	13,809	54,300
1982	14,300*	57,000*

*Projected

Number of Long-Term Care clients

	Facility care				Homemaker			
	Nov. 79	Sept. 80	Sept. 81	Sept. 82	Nov. 79	Sept. 30	Sept. 81	Sept. 82
Personal care	5,391	5,057	4,573	4,186	10,811	14,231	15,394	15,207
Intermediate care I	3,975	4,218	4,734	5,271	3,531	5,035	5,924	6,933
Intermediate care II	2,656	3,047	3,485	3,983	2,038	2,843	2,997	3,074
Intermediate care III	2,029	2,423	2,739	3,081	823	1,081	1,151	989
Extended care	1,045[1]	1,012[2]	1,039[1]	1,105[1]	934	1,132	1,107	1,110
TOTAL	15,096	15,757	16,570	17,626	18,137[2]	24,322[2]	26,573[2]	27,313[2]

1 Does not include extended care clients in public extended care units.

2 Figures refer to clients approved for service, this may be 10-15 per cent higher than the figure for clients actually receiving service.

Composition of the provincial facility population
by care levels including extended care units (rows total 100%)

	PC	IC1	IC2	IC3	EC
Under 65	18.4	20.4	23.9	15.8	21.5
65 - 69	18.8	22.8	18.6	13.6	26.2
70 - 74	19.3	24.4	16.5	13.4	26.4
75 - 79	19.5	23.0	16.3	14.3	26.9
80 - 84	18.9	24.0	17.7	12.8	26.6
85 - 89	18.5	23.1	18.1	11.9	28.4
90+	13.0	19.5	15.7	12.4	39.4
ALL CLIENTS	17.6	22.2	18.0	13.2	29.0

Composition of the provincial homemaker population
by age group and care level (rows total 100%)

	PC	IC1	IC2	IC3	EC
Under 65	43.9	25.7	14.8	5.1	10.5
65 - 69	57.3	25.2	10.5	3.7	3.3
70 - 74	60.0	24.1	9.9	3.2	2.8
75 - 79	60.9	24.4	9.9	2.6	2.2
80 - 84	59.6	25.3	9.7	2.9	2.5
85 - 89	54.3	27.1	12.7	3.4	2.5
90+	40.6	29.2	14.8	7.5	7.9
ALL CLIENTS	55.6	25.4	11.3	3.7	4.0

Home Nursing Care Program
Percentage distribution by age group and category of patients
admitted to the Home Nursing Care Program
April 1, 1980 to March 31, 1981

Age	Percentage hospital replacement	Percentage non-hospital replacement	Total percentage
Under 1 year	2	.5	2.5
1 - 19 years	2	2	4
20 - 44	11	6	17
45 - 64	9	12.5	21.5
65 - 74	6	16	22
75 - 84	4	19	23
85+ years	1	9	10
TOTAL	35%	65%	100%

Home Nursing Care Program

Percentage, distribution, and number of Home Nursing Care patients by diagnostic groups in descending order. April 1, 1980 to March 31, 1981

Diagnosis	Number of patients	Percentage of total patients
1. Circulatory	9,392	17.7
2. Malignant neoplasms	5,892	11.1
3. Accidents	5,686	10.7
4. Gastrointestinal	5,277	9.9
5. Musculoskeletal	3,454	6.5
6. Endocrine	2,967	5.6
7. Skin	2,930	5.5
8. Childbirth	2,921	5.51
9. Symptoms (undiagnosed)	2,330	4.4
10. Respiratory	2,165	4.1
11. Nervous system	1,821	3.4
12. Gynecology	1,751	3.3
13. Perinatal	1,151	2.2
14. Blood disorders	1,056	2.1
15. Genitourinary	1,045	2.0
16. Sense organs	1,036	1.9
17. Mental disorders	877	1.7
18. Nonmalignant neoplasms	646	1.2
19. Infective	450	0.8
20. Congenital	226	0.4
TOTAL	53,073	100.00

Commissions

Medical Services Commission

On July 1, 1968, the government established a universal Medical Services Plan, which is administered and operated in accordance with the Medical Services Act and regulations, under the supervision of the Medical Services Commission. The commission is empowered to function as the public authority appointed by the government of the province to be responsible to the Minister in respect to the administration and operation of the plan established under the regulations.

Alcohol and Drug Commission

Established by the Alcohol and Drug Commission Act of 1973, this commission serves as an advisory body aimed at ensuring that alcohol and drug treatment programs are co-ordinated with other social services of the provincial government, and other programs that are affected by drug and alcohol abuse.

The commission consists of a chairman drawn from the executive level of the Ministry of Health, and senior officials of the Ministries of Education, Human Resources, Labor, the Attorney-General, Consumer and Corporate Affairs, and Transportation and Highways, as well as the Insurance Corp. of British Columbia.

Forensic Psychiatric Services Commission

The commission was established by Act of the Legislature in 1974 to provide psychiatric services to mentally disordered offenders who are involved in the justice system. Specifically, the commission provides: assessment of individuals remanded by the court for psychiatric examination; diagnosis and treatment of individuals "found unfit to stand trial" or "not guilty by reason of insanity"; and diagnosis and treatment of persons who become mentally ill while in custody.

The commission is also responsible for developing educational research programs and providing consultation to agencies and institutions in the correctional system.

The commission consists of not fewer than five members, appointed by the Lieutenant-Governor in Council and is administered by the executive director.

Emergency Health Services Commission

The commission was created under the Emergency Health Services Act of 1974.

While the commission's activities to date have largely been confined

to the operation of an ambulance service and the training of ambulance personnel, its powers and authority extend into such emergency health areas as: establishing, equipping and operating emergency health centres; assisting hospitals, other health institutions and agencies, municipalities and private organizations, to provide such services; establishing and improving communication systems for emergency health services; and recruiting, training, examining, registering and licensing emergency medical assistants.

Ministry of Health Expenditures

Expenditures by principal categories in the Ministry of Health
for the fiscal year 1981/82

	Total expenditure fiscal year ended March 31, 1982
Minister's office	$ 193,644
Administration and support services	19,595,406
Preventive Services	48,081,444
Direct Care Community Services	332,802,022
Hospital Programs	1,099,317,196
Medical Services Commission	742,247,406[1]
Emergency Health Services Commission	45,195,767
Forensic Psychiatric Services Commission	6,168,683
Alcohol and Drug Commission	-
Building occupancy charges	31,440,905
Computer and consulting charges	2,942,560
	$2,327,985,033

1 The expenditure of $742,247,406 shown for Medical Services Commission is the gross operating cost as shown in the detailed statements of the Public Accounts. The actual charge to Vote 111 was $451,814,000 and covered the subsidy by the province for low-income residents and the estimated deficits not covered by premiums and other revenue. Also included in the Medical Services Commission was a charge of $77,678,955 for Dental Care Services which will be shown separately in the Public Accounts.

Detailed expenditure by principal categories in the Ministry of Health for the fiscal year 1981/82

Minister's office	$193,644
Administration and support services	19,595,406
Preventive Services:	
Preventive programs	$43,146,290
Grants - health services	4,935,154
	48,081,444
Direct Care Community Services:	
Care services - executive & clerical	79,465
Long-Term Care	220,758,227
Home Care	14,813,449
Community physiotherapy	543,036
Licensing boards	395,150
Mental health	63,158,068
Government hospitals	26,329,391
Care services - special care grants	6,725,236
	332,802,022
Hospital Programs:	
Administration	6,123,401
Payments to hospitals:	
Claims	1,021,532,143
Grants in aid of equipment	22,741,890
Capital and debt service	48,919,762
	1,099,317,196
Medical Services Commission:	
Benefits:	
Medical care	597,778,355
Additional benefits	34,868,280
Administration	26,867,891
Dental care	82,732,880
	742,247,406
Emergency Health Services Commission	45,195,767
Forensic Psychiatric Services Commission	6,168,683
Alcohol and Drug Commission	-
Building Occupancy Charges	31,440,905
Computer and Consulting Charges	2,942,560
Total, Ministry of Health	$2,327,985,033

Auditor's report

To the Chairman of the
Medical Services Commission of British Columbia, and

To the Minister of Health
Province of British Columbia:

I have examined the statement of financial position of the Medical Services Commission of British Columbia as at 31 March 1982 and the statement of operations and working capital deficiency for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1982 and the results of its operations for the year then ended in accordance with generally accepted accounting principles, as modified by Note 1 to the financial statements, applied on a basis consistent with that of the preceding year.

ERMA MORRISON, F.C.A.
Auditor General

Victoria, B.C.
1 June 1982

Medical Services Commission of British Columbia

Statement of financial position

March 31, 1982

	1982	1981
Assets		
Cash	$11,590,751	5,120,829
Accounts receivable	1,678,976	1,534,395
Due from the Province of British Columbia	-	20,000,000
	$13,269,727	$26,655,224
Liabilities		
Bank overdraft	$ 433,123	$ 1,419,622
Accounts payable	416,224	1,566,977
Premiums received in advance	29,920,123	18,104,034
Estimated liability for unpresented and unprocessed benefit claims	96,100,000	61,500,000
	126,869,470	82,590,633
Working capital deficiency - Exhibit B	113,599,743	55,935,409
	$13,269,727	$26,655,224

The accompanying notes are an integral part of these financial statements.

Approved by the commission:
Dr. D.M. Bolton, chairman

Exhibit B

Medical Services Commission of British Columbia

Statement of operations and working capital deficency
for the year ended March 31, 1982

	1982	1981
Revenue		
Subscribers' premiums (Note 1)	$235,866,891	$179,862,707
Province of British Columbia premium assistance	44,448,376	34,903,114
	280,315,267	214,765,821
Expenditure		
Benefits		
Medical care	597,778,355	474,102,337
Dental care (Note 2)	82,732,880	10,843,578
Additional benefits	34,868,280	28,567,705
	715,379,515	513,513,620
Administration		
Salaries and employee benefits	13,632,036	11,912,554
Data processing expenses	9,554,941	8,472,953
General office expenses	2,391,951	2,773,558
Occupancy expenses	1,288,963	1,204,077
	26,867,891	24,363,142
	742,247,406	537,876,762
Excess of operating expenditure over revenue	461,932,139	323,110,941
Contributions		
Province of British Columbia	404,267,805	330,340,564
	(57,664,334)	(7,229,623)
Working capital deficiency - beginning of year	55,935,409	63,165,032
Working capital deficiency - end of year - Exhibit A	$113,599,743	$ 55,935,409

Medical Services Commission of British Columbia

Notes to Financial Statements
March 31, 1982

Note 1

Significant accounting policies

These financial statements have been prepared in accordance with generally accepted accounting principles except that:

(i) Premiums from individual subscribers are included in revenue only when cash is received. Premiums from other sources are recognized as revenue on an accrual basis.

(ii) The cost of furniture and equipment is charged to administration expenses in the year of acquisition.

(iii) No accrual for holiday pay is provided for salaried employees.

Note 2

The Dental Care Plan of British Columbia commenced operations January, 1981 and completed its first full fiscal year on 31 March, 1982. Dental care expenditures, which were included in medical care expenditures for the 1981 year, have been reclassified in the comparative financial statements to conform with the statement presentation adopted for 1982.

Note 3

The Medical Services Commission directs and operates the Medical Services Plan of British Columbia and the Dental Care Plan of British Columbia.

Forensic Psychiatric Services Commission

Statement of expenditure
for the period April 1, 1981 to March 31, 1982

Vote 113

Expenditure by standard classification	
Salaries	$4,085,379
Temporary salaries	322,479
	4,407,858
Fees & allowances, boards, commissions, courts, etc.	6,425
Travel expense	61,347
Professional and special services	1,160,566
Office expense	19,314
Office furniture and equipment	7,168
Materials and supplies	389,397
Rentals - outside suppliers	10,005
Acquisitions - machinery and equipment	31,128
Grants, contributions and subsidies	75,475
	$6,168,683

Alcohol and Drug Commission

Financial statement of expenditures
April 1, 1981 to March 31, 1982

Vote 114

By standard expenditure classification	
Salaries - permanent	$ 6,077,208
Salaries - temporary assistance	855,424
Travel	165,788
Office expense	107,264
Office furniture and equipment	4,087
Advertising and publications	3,381
Materials and supplies	788,375
Rentals - outside suppliers	3,920
Acquisition - machinery and equipment	33,198
Grants	7,814,652
Other expenditures	2,166
Interest on overdue accounts	1,013
Sub-total	$15,850,513
Less	
Salary and employee benefit transfers from Votes 96, 173 and 179	$ 115,446
Subsidy from drug, alcohol and cigarette education prevention and rehabilitation fund	15,735,067
	$15,850,513

EXPENDITURE BY PRINCIPAL CATEGORIES IN THE MINISTRY OF HEALTH FOR FISCAL YEAR 1981/82

OTHER:

FORENSIC
$6.2 million

ADMINISTRATION
$54.2 million

PREVENTIVE SERVICES
$48.1 million

EMERGENCY HEALTH SERVICES
$45.2 million

TOTAL HEALTH SERVICES IN 1981/82 – $2,328 MILLION

POOR

QUALITY

ORIGINAL